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CONFIRMATION NO. 4265

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|--|---|---|---------------------------------|--|---------------------------|--------------------------------|
| SERIAL NUMBER 10/627,994 | FILING or 371(c) DATE 07/28/2003 RULE | CLASS 514 | GROUP ART UNIT 1623 | ATTORNEY DOCKET NO. 81301.0001 | | |
| APPLICANTS Leslie Baumann, Miami Beach, FL; Esperanza Welsh, Miami Beach, FL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 10/23/2003 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ERIC OLSON/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance ESO Initials | STATE OR COUNTRY FL | SHEETS DRAWINGS 0 | TOTAL CLAIMS 29 | INDEPENDENT CLAIMS 5 |
| ADDRESS LOUIS C. PAUL, ESQUIRE LOUIS C. PAUL & ASSOCIATES, PLLC 730 FIFTH AVENUE 9TH FLOOR NEW YORK, NY 10019 UNITED STATES | | | | | | |
| TITLE Method for treating damaged skin | | | | | | |
| FILING FEE RECEIVED 1017 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees | | |
| | | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
| | | | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
| | | | | <input type="checkbox"/> 1.18 Fees (Issue) | | |
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